



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Barbara P. Wallner et al.  
 Serial No.: 09/878,792  
 Conf. No.: 4496  
 Filed: June 11, 2001  
 For: HEMATOPOIETIC STIMULATION  
 Examiner: J. Russel  
 Art Unit: 1654

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 1 day of December, 2003.

Maria A. Trevisan, Reg. No. 48,207

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

RESPONSE TO OFFICE COMMUNICATION

Sir:

This is in response to the Office Communication mailed from the USPTO on October 1, 2003. The reply filed on August 13, 2003 was considered not fully responsive to the prior Office Action due to incorrect claim status or identification. In the August 13, 2003 reply, claims 7, 13, 15, 23-27 and 29 were identified as "Original" claims. However, these claims had been cancelled on June 11, 2001. Applicants wish to have the subject matter of these claims considered and submit herewith a new claim listing which introduces new claims corresponding to previously cancelled claims 7, 13, 15, 23-27 and 29.

A one month extension of time is respectfully requested and the appropriate fee is submitted herewith. Applicants are a small entity and hereby assert small entity status.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this amendment.

**Remarks** begin on page 7 of this amendment.



AMG  
#GAU 1654

DOCKET NO.: I0248.70016US00

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Alexandria, VA 22313-1450

Sir:

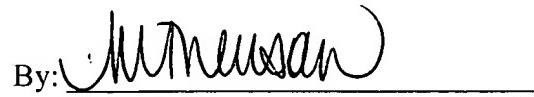
Transmitted herewith are the following documents:

- Amendment  
 Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check for \$55.00 is enclosed. If an additional fee is required, the Commissioner is hereby authorized to charge Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,  
*Wallner et al.*, Applicant

By:   
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Docket No. I0248.70016US00  
Date: December 1, 2003  
x12/01/03x